

ALFRED W. GROSS
COMMISSIONER OF INSURANCE

COMMONWEALTH OF VIRGINIA



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STATE CORPORATION COMMISSION
BUREAU OF INSURANCE

REQUEST FOR AGENCY LICENSE WITHDRAWAL/TERMINATION

Agency Name and Address:

Agency FEIN: _____

I, _____, as officer, director or principal of the above named insurance agency, do hereby request that the Bureau of Insurance (Bureau) immediately terminate all licenses held by this agency.

I understand that the Bureau will send notification to the companies with which this agency holds appointments that its license(s) has been terminated because it has represented that it is no longer conducting insurance business in the Commonwealth of Virginia; and, that the Bureau will also notify this agency when this transaction has been processed. I understand that the agency is not required to return its license with this request for license termination.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Feb 2008